

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 85-14	2. Fiscal Year Covered From: 01 / 01 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing.	
Name Walt Powers	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name Operating Engineers Local Union No. 3
Street 4291 Treat Boulevard	Labor Organization File Number 035-651
City Concord	P.O. Box, Building and Room Number, if any
State California	Street 1620 South Loop Road
ZIP Code + 4 94521	City Alameda
5. Position in labor organization. District Representative/Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	
Name	7.a. Nature of Interest, Transaction, or Income.
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State	
ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Walt R. Powers

On **5-11-05**

Date

825-687-2933

Telephone Number

Name of Person Filing Walt Powers		File Number 4-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any):</p> <p>Name Operating Engineers Pension Trust Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 1640 South Loop Road</p> <p>City: Alameda</p> <p>State: California ZIP Code + 4 94502</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>11.a. Nature of such dealing.</p> <p>Local Union's pension trust fund.</p>
		<p>11.b. Approximate dollar value of such dealing.</p> <p>N/A</p>
		<p>12.a. Nature of interest held or income received.</p> <p>Meeting expense for IFEBP conference.</p>
		<p>12.b. Amount.</p> <p>\$582</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any):</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>14.a. Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment.</p> <p>\$582</p>

Name of Person Filing Walt Powers

File Number L-

Part B Continuation Page

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name McMorgan & Company

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 1 Bush Street, Suite 800City San FranciscoState CaliforniaZIP Code + 4 94502**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____

ZIP Code + 4: _____

9. Business deals with: a. Labor Organization b. Trust c. Employer**11.a. Nature of such dealing.**

Investment manager.

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**Lunches, dinners and other events hosted by
McMorgan & Co.**12.b. Amount.**

\$574

